



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/632,522
	Filing Date	August 4, 2000
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	Group Art Unit	2123
	Examiner Name	Sharon, Ayal I.
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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to TC
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Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.		

SIGNATURE OF ATTORNEY OR AGENT			
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